

# Notifiable Conditions & Washington's Laboratories



The following laboratory results (preliminary or confirmed) are notifiable to local public health authorities in Washington in accordance with WAC 246-101. Timeframes for notification are indicated in footnotes. **Immediately notifiable results are indicated in bold.** Information provided must include: specimen type; name and telephone number of laboratory; date specimen collected; date specimen received; requesting health care provider's name and telephone number or address; test result; name of patient (if available) or patient identifier; sex and date of birth or age of patient (if available).

Arboviral disease (West Nile virus disease, dengue, Eastern & Western equine encephalitis, etc.) (detection of viral antigen, antibody, or nucleic acid) <sup>2\*</sup>

Blood lead level (elevated) <sup>2&i</sup>

Blood lead level (non-elevated) <sup>M&i</sup>

*Bordetella pertussis* <sup>2\*</sup>

*Brucella* <sup>2<sup>!</sup></sup>

CD4+ counts <200 or <14% <sup>M&ii</sup>

*Chlamydia trachomatis* <sup>2\*</sup>

***Clostridium botulinum*** <sup>!<sup>!</sup></sup>

*Corynebacterium diphtheriae* <sup>2<sup>!</sup></sup>

*Cryptosporidium parvum* <sup>2\*</sup>

*Cyclospora cayetanensis* <sup>2<sup>!</sup></sup>

**Disease of suspected bioterrorism origin** <sup>!<sup>!</sup></sup>

**Anthrax (*Bacillus anthracis*)** <sup>!<sup>!</sup></sup>

**Smallpox (*Variola virus*)** <sup>!<sup>!</sup></sup>

*Escherichia coli* (Shiga-like toxin only) <sup>2<sup>!</sup></sup>

*Francisella tularensis* <sup>2<sup>!</sup></sup>

Hepatitis A (IgM +) <sup>2\*</sup>

Hepatitis B (detection of viral antigen, antibody, or nucleic acid) <sup>M\*</sup>

Hepatitis C (detection of antibody or nucleic acid) <sup>M\*</sup>

Human immunodeficiency virus  
(Western blot, P-24 antigen, or viral culture) <sup>2&ii</sup>

Human immunodeficiency virus <sup>M&ii</sup>  
(RNA or DNA nucleic acid tests)

*Listeria monocytogenes* <sup>2\*</sup>

*Mycobacterium tuberculosis* <sup>2&iii!@</sup>

*Neisseria gonorrhoeae* <sup>2\*</sup>

*Neisseria meningitidis* <sup>2<sup>!</sup></sup>

**Rabies** <sup>!<sup>\*</sup></sup>

**Rubeola** <sup>!<sup>!</sup></sup>

*Salmonella* species <sup>2<sup>!</sup></sup>

*Shigella* species <sup>2<sup>!</sup></sup>

*Treponema pallidum* <sup>2<sup>!</sup></sup>

**Rare diseases of public health significance** <sup>!<sup>\*</sup></sup>

***Vibrio cholerae*** <sup>!<sup>!</sup></sup>

***Yersinia pestis*** <sup>!<sup>!</sup></sup>

## CODE LEGEND

<sup>!</sup> Immediately notifiable

<sup>2</sup> Notifiable within 2 work days

<sup>M</sup> Notifiable on a monthly basis

<sup>\*</sup> Notifiable to the local health jurisdiction of the patient's residence

<sup>&i</sup> Notifiable to DOH Lead Program 360-236-4252

<sup>&ii</sup> Notifiable to DOH IDRH Assessment 360-236-3419

<sup>&iii</sup> Notifiable to DOH TB Reporting Line 206-418-5472  
or TB Reporting Fax Line 206-418-5545

<sup>!</sup> Specimen submission required

<sup>@</sup> Antibiotic sensitivity testing (first isolates only)

To report a Notifiable Condition, contact the local health jurisdiction of the patient's residence, unless the condition is reportable directly to DOH. If the patient's local health jurisdiction is unknown, please notify the local health jurisdiction of the health care provider that ordered the diagnostic test.

**If no one is available at the local health jurisdiction and a condition is immediately notifiable, please call 1-877-539-4344**

For more information, please see WAC 246-101 or <http://www.doh.wa.gov/notify>

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